

Please type a plus sign (+) inside this box — (+)

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number _____
		First Named Inventor _____
COMPLETE IF KNOWN		
		Application Number _____
		Filing Date _____
		Group Art Unit _____
		Examiner Name _____

☒ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Die Border

(Title of the Invention)

the specification of which

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) _____ As United States Application Number or PCT International Application Number _____ And was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached
				YES NO
2002-271266	Japan	Sept. 18, 2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application Number(s) are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → (+)

Approved for use through 9/30/00, OMB 0451-0022
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(e) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

[] Additional U.S. or PCT international application numbers are listed on a supplemental priority date sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: [X] Customer Number 22204

OR
[X] Registered practitioner(s) name(s)/registration number listed below.

Name	Registration Number	Name	Registration Number
Daniel W. Stacey	20,932	Tin L. Brackett, Jr.	36,092
Stuart J. Friedman	24,312	Eric J. Robinson	38,285
Charles M. Ledson, Jr.	26,477	Robert M. Schulman	31,196
David S. Sefton	27,997	Thomas M. Elsey	33,475
Thomas W. Cole	28,290	Daniel S. Song	42,142
Donald R. Studebaker	32,815	Marc S. Kaufman	35,212
Jeffrey L. Conchillo	35,483	William J. Hesley	26,100

Direct all correspondence to: [X] Customer Number 22204

Name: David S. Sefton, Esq.

Firm: NIXON PEABODY LLP

Address: 8180 Greenbush Drive, Suite 800

City: McLean

State: VA

Zip: 22102

Country: United States

Tel. (703) 770-9300 Fax. (703) 770-9400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

[] A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Yuichi

KUBO

Inventor's Signature:

Yuichi Kubo

Date: September 11, 2003

Residence: City: Mitaka-shi

State: Tokyo

Country: Japan

Citizenship: Japanese

Post Office Address: c/o Tokyo Seimitsu Co., Ltd., 7-1, Shinorenjaku 9-chome,

City: Mitaka-shi

State: Tokyo

ZIP:

Country: Japan...

[X] Additional inventors are being named on the 1 Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → (+)

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> Of <u>3</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Masateru		OSADA	
Inventor's Signature: <i>Masateru Osada</i>		Date: September 11, 2003	
Residence: City: Mitaka-shi	State: Tokyo	Country: Japan	Citizenship: Japanese
Post Office Address c/o Tokyo Seimitsu Co., Ltd., 7-1, Shimorenjaku 9-chome,			
City: Mitaka-shi	State: Tokyo	ZIP:	Country: Japan
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Masayuki		AZUMA	
Inventor's Signature: <i>Masayuki Azuma</i>		Date: September 11, 2003	
Residence: City: Mitaka-shi	State: Tokyo	Country: Japan	Citizenship: Japanese
Post Office Address c/o Tokyo Seimitsu Co., Ltd., 7-1, Shimorenjaku 9-chome,			
City: Mitaka-shi	State: Tokyo	ZIP:	Country: Japan
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature:		Date:	
Residence: City:	State:	Country:	Citizenship:
Post Office Address			
City:	State:	ZIP:	Country:

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissions for Patents, Washington, DC 20231.